

CREDIT APPLICATION – NY/NJ

BARON FRANCOIS, LTD.
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1. GENERAL

DATE: _____

CUSTOMER TYPE: On Premise Off Premise

SALESPERSON: _____

YEARS IN BUSINESS: _____

CORPORATE NAME: _____

CUSTOMER / DBA NAME: _____

LICENSE SERIAL NUMBER: _____ EXPIRATION DATE: _____

FED TAX ID: _____

2. ACCOUNTING

BILLING ADDRESS: _____

NAME: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

TRADE REFERENCES: _____

3. DELIVERY

SHIPPING ADDRESS: _____

PHONE NUMBER: _____

SPECIAL DELIVERY INSTRUCTIONS & DELIVERY WINDOW (Please allow 5 hours in NYC, 6 hours in the outer boroughs): _____

4. BUYER/OWNER

NAME: _____

POSITION: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

POSITION: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

Please don't forget to attach a copy of your Re-Sale Certificate with this application and send to orders@baronfrancois.com. Thank you!